Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

AGENDA ITEM 10

Strategic Alcohol Work	
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Date of meeting	2nd April 2015
Report for Information	

1. Purpose of this Paper: to inform the board of the next steps for the development and adoption of a new Bristol Alcohol Strategy following a discussion at Safer Bristol Partnership board on 5th March 2015.

2. Executive Summary: the Safer Bristol Partnership discussed the governance of a future Alcohol Harm Reduction Strategy and the work that contributes to the implementation of an alcohol strategy. They welcomed the offer of an Alcohol Summit and have requested that the complexities of the alcohol agenda are addressed in this summit so that clear governance of elements are explored and agreed with the HWB.

3. Context: The governance of the previous Bristol Alcohol Harm Reduction Strategy sat solely with the Safer Bristol Board. In 2014, in response to the need for a new refreshed strategy which would reflect the creation of new partner agencies, a short life working group consisting of Bristol council (Public Health, substance misuse commissioning, licensing, trading standards), the police, probation, Bristol CCG alcohol lead, secondary care (UHB), Bristol Community Health and South West Ambulance Trust drafted a new Bristol Alcohol Harm Reduction Strategy for consultation.

The development of this draft strategy was halted during 2014 as many agencies went through major restructuring and large budget cuts. In November 2014 the HWB were asked to identify their priorities for the draft strategy, this included a consideration of whether in future the HWB should take on the governance of the upcoming strategy.

In March 2015 the Safer Bristol Board accepted that the Health and Well Being Board might be best placed to oversee an overarching alcohol harm reduction strategy. The Safer Bristol Board were clear that the strategic approach to reduce alcohol- related crime and disorder and the harm caused needed to be included within the brief of the Safer Bristol Board. It was agreed that there needed to be better lines of accountability between the HWB and the Safer Bristol Board. It was decided that the alcohol summit proposed by the HWB would provide the platform to discuss and agree a way forward.

4. Elements of an Alcohol Strategy

The Government's Alcohol Strategy for England 2012 stated that alcohol misuse led to almost 1 million alcohol-related violent crimes and 1.2 million alcohol-related hospital admissions in 2010/11 alone. These describe some of the measurable end results of alcohol misuse.

Prevention: controls on price and availability are important preventative measures, and national legislation would greatly assist this approach. Locally it is important to address individual's level of drinking, under-age sales, anti-social behaviour, illicit alcohol (which is mainly controlled by organised crime) and the management and regulation of the licensed trade. Good management of the night-time economy is an essential element of prevention.

Many agencies deal with treatment resistant drinkers, including social services, housing, community health and the emergency services. They all have a role to play in the prevention of alcohol related harm and in harm reduction.

Treatment: the council commissions the main substance misuse services, but other agencies contribute to this agenda, for instance NHS England commissions treatment services in Bristol prison.

Primary and secondary care: alcohol –related health harm is apparent across the health care family and the CCG, Public Health and NHS England all have a role in commissioning relevant services. This ranges from the identification and treatment of alcohol misuse to transplants for people with liver disease. GPs, pharmacies and Community Health have a role in assisting people to lead healthy lives and identifying and treating those that are experiencing harm.

Some services need to be delivered by a partnership of agencies, for instance end-of-life care for homeless people with liver disease or cancer would involve the CCG, secondary care clinicians and discharge nurses, housing, care commissioners and social workers.

Criminal justice system: the police invest a large resource into ensuring that the night time economy is a safe environment, the Police and Crime Commissioner commissions services in custody, the courts order offenders to attend treatment services, the Community Rehabilitation Service and the

National Probation Service work with offenders to ensure they address their alcohol misuse.

The partners in the city need to work together in a strategic way to reduce alcohol-related harm.

5. Next Steps

We will recall the short-lift alcohol strategy working group; expand its membership to include new agencies and partners to take account of the changes in the partnership landscape. The group will help shape the proposed Alcohol Summit content and update the draft alcohol strategy. See Appendix 1 for a proposed list of the short –life working group.

The Alcohol summit will be a key milestone in developing our partnership approach to reducing alcohol harm. After the summit it is planned to establish an ongoing Alcohol Harm Reduction Strategy Group.

6. Key risks and Opportunities

Key risk: To do nothing more to address alcohol harm would lead to increasing mortality from liver disease and alcohol related diseases, it would also lead to no reduction in alcohol related societal harm. The burden of disease on our most vulnerable population would be increased leading to increased health inequalities.

Opportunities for Bristol include:
Clarifying and agreeing the respective roles of the HWB and Safer Bristol board in the complex arena of the alcohol strategy would enable city leaders to take forward dynamic and progressive action across the city to reduce alcohol related harm.

7. Implications (Financial and Legal if appropriate)

No financial implications.

There would be local clarification of the remit laid out in national legislation about crime reduction partnerships and the Health and Wellbeing Boards.

8. Conclusion

The board members are asked to ensure that relevant staff can attend the short-life working group and the Alcohol Summit.

Appendix 1: Membership of the short-life working group (Alcohol Strategy)

Allason Hunt (Team Leader - National Probation Service)
Barbara Coleman (BCC Public Health)
David Soodeen (Bristol CCG)
Ewan Cameron (Bristol CCG – practice manager)
Joanna Bates (Clinical Development - South Western Ambulance Service)
Jon Martin (BCC Regulatory Compliance Unit Manager (Licensing & Trading Standards)
Katie Porter (BCC Public Health Alcohol Strategy Manager)
Mark McNally / Jody Clark (BCC Substance Misuse Treatment Service commissioners – job share)
Michele Narey (Bristol Community Health
Mike Hook (Impact team manager - Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company Limited)
Nick Carter (BCC Enforcement and Regulatory Services Manager)
Pete Anderson (BCC Crime Reduction and Substance Misuse Programme Manager)
Sally Wilson (UHB Matron Division of Medicine)

Proposed new members:
Dr Anne McCune (UHB Consultant, Department of Hepatology: clinical lead for alcohol)
Dr Kate Rush (GP with a special interest in alcohol, and CCG end- of- life lead)
Kathy Eastwood (BCC - Public Health, Health Strategy Service Manager)
Superintendent Rhys Hughes (Avon and Somerset Police)
Dr Talal Valliani (NBT Consultant Gastroenterologist and Physician; Clinical lead for Alcohol)
Rep from social services
Rep from housing